

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006448

FILED
Jan 05, 2009
Secretary of State

Entity Name: NEW RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

30 OLD FERRY RD
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

30 OLD FERRY RD
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3741849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BERNARD H SR
30 OLD FERRY RD
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, BERNARD H SR
Address: 30 OLD FERRY RD
City-St-Zip: SHALIMAR, FL 32579

Title: VPD () Delete
Name: JOHNSON, LOIS A
Address: 30 OLD FERRY RD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: MCBROOM, SHEENA
Address: 587 EMERALD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: CHAMBERS, TILLMAN J
Address: 324 PKWY PLACE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: PRINE, MICHELLE
Address: 4859 KENSINGTON LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: BRADY, LAURIE
Address: 112 MILL STONE COVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOODWIN, ALEX
Address: 79 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRINE, MICHELLE
Address: 308 SUNESTA COURT
City-St-Zip: CRESTVIEW, FL 32536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD H. JOHNSON

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date